

## Motor Insurance Proposal Form

### Important Notice

- Pursuant to Section 149(4) of the Insurance Act (Malaysia) 1996, you are to disclose in this Proposal Form, fully and faithfully all the facts, which you know or ought to know otherwise, the policy issued may be void.
- Your attention is drawn to Section 14(1) of the Insurance Act (Malaysia) 1996, as amended. No cover can be granted until the premium has been paid in accordance with the Regulations issued under this Section. Any person who fails to comply with this Section shall be guilty of an offence and shall on conviction be liable to a fine not exceeding RM500,000.00.
- It is hereby understood and agreed that if the vehicle shall at the time of happening of any loss or damage (be it partial / total loss) be covered for a sum less than its market value then, the insured shall be considered as being its own insurer for the difference and shall bear rateable proportion of the loss accordingly. Provided that this clause shall not apply unless the market value at the time of loss exceeds the insured value by 10%.
- It is an offence under the law Republic Singapore to enter the country without extending Passenger Liability Cover to your motor insurance.
- In line with our group's strategy to promote usage of technology and to help preserve the country's natural resources, we no longer print the full policy wordings. Do visit [www.etiqa.com.my](http://www.etiqa.com.my) for the full policy wording. Printout may also be obtained from our offices nationwide or from our agents.

Individual Proposer		Company Proposer	
Title		Company Name	
Name			
MyKad No.		Company Registration No.	
Army / Police / Passport No.		Date of Company Registration	
Gender	Date of Birth		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Contact Person	
Occupation		Nature of Business	
Phone No. (Mobile/House/Office)		Fax No.	E-Mail
Correspondence Address			
Postcode	Town	State	

### To be filled by Individual Proposer only

Education Level	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	<input type="checkbox"/> Diploma	<input type="checkbox"/> Bachelor Degree
	<input type="checkbox"/> Master	<input type="checkbox"/> Doctorate	<input type="checkbox"/> Professional	
No. of children in family (please indicate the number)	<input type="checkbox"/> 0 - 12 years	<input type="checkbox"/> 12 years to 18 years	<input type="checkbox"/> 18 years +	
Monthly Household Income	<input type="checkbox"/> Up to RM1,500	<input type="checkbox"/> RM1,501 - RM2,500	<input type="checkbox"/> RM2,501 - RM5,000	<input type="checkbox"/> RM5,001 - RM8,000
	<input type="checkbox"/> RM8,001 - RM15,000	<input type="checkbox"/> RM15,001 - RM20,000	<input type="checkbox"/> RM20,001 +	



\*BZZZZ\*

## Details of Insurance Required

Period of Insurance	from		to
Use of Vehicle	Private Car <input type="checkbox"/> Social <input type="checkbox"/> Carrying Goods <input type="checkbox"/> Private hire	Commercial Vehicle <input type="checkbox"/> C Permit Tonnage _____ <input type="checkbox"/> A Permit Tonnage _____ <input type="checkbox"/> Bus Passengers _____	Motorcycle <input type="checkbox"/> Single Rider <input type="checkbox"/> All Rider <input type="checkbox"/> Private Use
Make & Model	Proposer's Driving License		<input type="checkbox"/> Learner (L) / Probation (P) <input type="checkbox"/> Full
Cubic Capacity			
Seating capacity	Year Manufactured	Vehicle No	
Engine No.	Chassis No.	No. of Claims for the past 3 years	
Registration Card No	Date of Vehicle Purchased	Vehicle Purchase Price	
Place where vehicle is usually garaged	<input type="checkbox"/> Within fenced up compound	<input type="checkbox"/> Roadside	<input type="checkbox"/> Others
Safety Features	<input type="checkbox"/> Airbag (If Yes, number _____)	<input type="checkbox"/> ABS Braking System	
Anti-Theft Devices	<input type="checkbox"/> Gear or steering lock <input type="checkbox"/> GPS / Traking and recovery system	<input type="checkbox"/> Immobiliser <input type="checkbox"/> Factory fitted	

## Name of Authorised Driver

	1st Driver	2nd Driver	3rd Driver
Full Name			
MyKad / Army / Police / Passport No.			
Date of Birth			
Years of Driving Experience			
Occupation			

## No Claim Discount (NCD)

Previous Insurer/Takaful Operator	Previous Policy/Certificate No
Vehicle No	NCD Entitlement
Period of Insurance/Takaful	Claim Free Years

## Hire Purchase Details

Finance Company	Branch
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## Cover Type

Type of Coverage	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Third Party Only	<input type="checkbox"/> Third Party Inclusive of Fire & Theft
Total Sum Insured			
Additional Coverage	<input type="checkbox"/> Legal Liability To Passenger (LLTP) <input type="checkbox"/> Strike, Riot and Civil Commotion <input type="checkbox"/> Radio / Cassette RM _____ <input type="checkbox"/> All Drivers (applicable to company only)	<input type="checkbox"/> Legal Liability of Passenger (LLOP) <input type="checkbox"/> Flood <input type="checkbox"/> Windscreen RM _____ <input type="checkbox"/> NCD Relief	

## Declaration By Proposer

Do you or any person who is driving suffer from :

Physical disabilities  Yes  No  
Vision or hearing impaired  Yes  No  
Mental disabilities  Yes  No

Has any Insurer/ Takaful Operator :

Declined to cover you?  Yes  No  
Required special terms to cover you?  Yes  No  
Cancelled or refused to renew your insurance / takaful?  Yes  No

## Important Notice

If there is insufficient space to complete an answer, please attach a signed and dated addendum. Any documents attached shall form part of this proposal form.

## Declaration of No Claim Discount (NCD) Entitlement

For NCD Entitlement

I am currently holding a valid \*Comprehensive/Third Party motor policy/certificate with \_\_\_\_\_ (current insurer/takaful operator).

I intend to transfer or claim my \_\_\_\_\_ NCD Entitlement to a vehicle no. \_\_\_\_\_ to be insured with You or purchase a policy from Your company.

I hereby confirm that:

- (a) to the best of my knowledge I have not been involved in an accident in which a claim or court action has been lodge/pending or likely to be taken against me under the policy.
- (b) there is no breach of any policy condition(s) which affects my NCD entitlement.
- (c) I have not and shall not use this entitlement of NCD for any other vehicle/certificate/policy.
- (d) If the NCD is incorrect, I undertake to pay the difference of premium within 14 working days, failing which I agree the policy may be cancelled by the company.

Applicable if NCD is given before confirmation with the ISM NCD Database

1. Enclosed is a copy of \*(Original Certificate/Policy Schedule/Renewal Notice issued by takaful operator/insurance company/Endorsement/Certificate of Takaful/ Certificate of Insurance) as evidence of my entitlement.
2. If the transfer of NCD is between two different vehicles, please enclose the relevant Cancellation/Recovery NCD Endorsement for verification.

Note:

NCD from Overseas

Duly Signed Letter of Undertaking and the original NCD confirmation letter stating the number of claim free years must be submitted.

\*Delete whichever is not appropriate

## Declaration

I/We hereby declare that the information given is true and complete to the best of my/our knowledge and believe that all material information affecting the assessment of this application have been disclosed.

I/We understand that this insurance will not be enforced until and unless this proposal has been accepted by Etiqa Insurance Berhad.

Signature of Proposer / Company Stamp

Date \_\_\_\_\_

## Verification Of Proposer's Identity

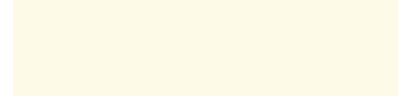
In Compliance With Section 16/2 Of The Anti-Money Laundering Act 2001

I/We hereby certify that the Proposer's original NRIC/Business Registration Certification was verified and authenticated by me/us at the Point of Sales.

Third Party Verification\*

Name of Officer/Intermediary \_\_\_\_\_

Signature



NRIC / Business Registration Certificaton \_\_\_\_\_

Date

\_\_\_\_\_

\* "Third Party" means by insurance agents, insurance brokers or staff of insurance company.

Note :

To retain a copy of NRIC for Applicant(s)/Proposer(s) for Individual Insurance Policy where the premium is exceeding RM50,000.00 per annum and a copy of Business Registration Certificate for Group Insurance Policy is exceeding RM100,000.00 per annum.

## For Office Use

Source : HQ / Branch \_\_\_\_\_

Sales Channel Code : \_\_\_\_\_

Channel : \_\_\_\_\_

Sales Channel Name : \_\_\_\_\_